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MARGIN RESERVED FOR BINDING. Every item of information should be carefully checked. This is a permanent record. Every item of information should be carefully checked. This is a permanent record. Every item of information should be carefully checked. This is a permanent record.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index - - - - - No. <u>287</u>			
1. County <u>Pima.</u>		District <u>12</u>		ORIGINAL CERTIFICATE OF DEATH		County Registrar's - - - No. <u>508</u>	
Town or City <u>Tucson, Ariz.</u>		No. <u>Arizona Hospital</u>		St. _____		Local Registrar's - - - No. _____	
2. FULL NAME <u>Golden Victor Simons</u>				Ward _____			
(a) Residence No. _____		(Usual place of abode)		St. _____		Ward _____	
Length of residence in city or town where death occurred		yrs. <u>I</u> mos. _____		How long in U. S. if of foreign birth?		yrs. _____ mos. _____ ds. _____	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced				16. DATE OF DEATH (month, day, and year) <u>Oct, 9th 1925</u>			
HUSBAND of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>Oct 3 1925</u> to <u>Oct 8 1925</u>			
(or) WIFE of <u>Essie Simons</u>				that I last saw him alive on <u>Oct 8 - 1925</u> at <u>5:00 A.M.</u>			
6. DATE OF BIRTH (month, day and year) <u>Oct, 30. 1900</u>				and that death occurred, on the date stated above, at _____ m.			
7. AGE		Years <u>24</u> Months <u>11</u> Days <u>9</u>		The CAUSE OF DEATH* was as follows: <u>Pulmonary tuberculosis</u>			
IF LESS than 1 day _____ hrs. _____		or _____ min. _____		_____ (duration) _____ yrs. _____ mos. _____ ds. _____			
8. OCCUPATION OF DECEASED				CONTRIBUTORY <u>Spontaneous Pneumonia</u>			
(a) Trade, profession, or particular kind of work <u>Mining Man</u>				(Secondary) <u>Unknown</u>			
(b) General nature of industry, business or establishment in which employed (or employer)				18. Where was disease contracted if not at place of death? <u>Unknown</u>			
(c) Name of employer				Did an operation precede death? <u>no</u> Date of _____			
9. BIRTHPLACE (city or town) <u>Utah</u>				Was there an autopsy? <u>yes</u>			
(State or country)				What test confirmed diagnosis? <u>Physical Exam.</u>			
10. NAME OF FATHER <u>Grant Simons</u>				(Signed) <u>E. B. Savage</u> , M. D.			
11. BIRTHPLACE OF FATHER (city or town) <u>Utah</u>				10/9 Tucson, Arizona			
12. MAIDEN NAME OF MOTHER <u>Mary Ann Allman</u>				State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
13. BIRTHPLACE OF MOTHER (city or town) <u>Utah</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Tucson, Utah</u>			
14. Informant <u>Harold Simons.</u>				DATE OF BURIAL <u>10/9 1925</u>			
(Address) _____				ADDRESS <u>Tucson, Ariz.</u>			
15. Filed <u>10/10 1925</u> <u>D. A. Schuch</u> Local Registrar.				20. UNDERTAKER <u>Parker-Crimshaw Co.</u>			
Filed _____ 19 _____ County Registrar.				V. S. No. 1			